MAYBURY PRIMARY SCHOOL

Infection Control policy

Created: March 2020
Updated: Summer 2026

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Contents:

Statement of intent

Preventative measures

1. Legal framework
2. Ensuring a clean environment
3. Pupil immunisation
4. Staff immunisation
5. Contact with pets and animals
6. Water-based activities

In the event of infection

7. Preventing the spread of infection
8. Vulnerable pupils
9. Procedures for unwell pupils/staff
10. Exclusion
11. Medication
12. Outbreaks of infectious diseases
13. Pregnant staff members
14. Staff handling food
15. Managing specific infectious diseases
16. Monitoring and review

Appendices

Appendix 1 - Managing Specific Infectious Diseases
Appendix 2 - Infection Absence Periods
Appendix 3 - Diarrhoea and Vomiting Outbreak Action Checklist
Appendix 4 - List of Notifiable Diseases
Appendix 5 –Local health protection contract information

Maybury Primary School

Produced : March 2020
Reviewed : Summer 2026
Next review: Spring 2028

Infection Control Policy

Mission Statement

Our values-based school nurtures curiosity and creativity through an inspiring, broad and engaging curriculum, where learning is at the heart of all that we do. Our children learn to become resilient and self-assured in an environment where safety is outstanding. Everyone is challenged and encouraged to thrive and achieve as individuals, preparing them for their role as caring and active citizens in modern Britain.

Vision Phrase:
Believe. Achieve. Succeed.

Statement of intent

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

Introduction

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread –** contact with coughs or other secretions from an infected person.
- **Direct contact spread –** direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread –** contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread –** contact with infected blood or bodily fluids, e.g., via bites or used needles.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets) but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- Direct transmission, for instance, when in close contact with those sneezing and coughing
- Indirect transmission, for instance, touching contaminated surfaces

Infection in Childcare settings

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period)

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate and prompt action when infection occurs

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

1.2. This policy has due regard to statutory guidance including, but not limited to, the following

- Public Health England (2017) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'

- Department for Education guidance COVID-19 infection prevention and control

1.3. This policy operates in conjunction with the following school policies and documents:

- Health & Safety Policy
- Children with Medical Conditions Policy
- First Aid Policy
- Specific Risk Assessment, eg Swimming

Preventative measures

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimise contact with individuals who are unwell
- Clean your hands often
- Respiratory hygiene (catch it, bin it, kill it)
- Clean surfaces that are touched frequently
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented
- Soft furnishings, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors

2. Ensuring a clean environment

Sanitary facilities

2.1. Wall-mounted soap dispensers are used in all toilets – bar soap is never used.

2.2. Waste paper bins are always made available where disposable paper towels are used.

2.3. Toilet paper is always available in cubicles.

2.4. Suitable sanitary disposal facilities are provided where necessary.

Nappy changing areas

2.5. There is a designated changing area that is separate from play facilities and food and drink areas.

2.6. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.

2.7. Changing mats are wiped with antibacterial spray after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water. Mats are checked regularly for tears and damage, and replaced if necessary.

2.8. Potties are cleaned with antibacterial spray. When cleaning potties, disposable gloves are used to flush waste down the toilet. Different mops are used in toileting areas, and propped upside to ensure cleanliness at all times.

2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag which is placed in a nappy bin.

Continence aid facilities

2.10. Pupils who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

Laundry

2.11. All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.

2.12. Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

Cleaning contractors

2.13. A cleaning contractor is employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The School Business Manager and Premises Manager are responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Toys and equipment

2.14. A written schedule is in place to ensure that toys and equipment are regularly cleaned. Toys that are "soft", such as modelling clay and 'Play–doh', are discarded whenever they look dirty. Wherever possible children will have their own individual supply of these toys.

2.15. Sandpits are covered when not in use and the sand is changed on a regular basis: half termly for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis.

2.16. Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

Handwashing

2.17. All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

Blood and other bodily fluids

2.18. Cuts and abrasions are covered with waterproof dressings.

2.19. When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

2.20. Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE (*Conformité Européene*) marked.

2.21. Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. The school spillage kit is stored in the school office.

Bites

2.22. If a bite does not break the skin, the affected area is cleaned with soap and water.

2.23. If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded on a pupil accident/injury report to parents, a copy of which is kept in school, and medical advice is sought immediately.

Needle stick injuries

Occasionally children or staff may injure themselves with discarded hypodermic needles which they have found. Dispose of the needle safely in a sharps bin where possible to avoid the same thing happening to someone else. The following procedures should be followed:

- Wash the wound thoroughly with soap and water
- Cover it with a waterproof dressing
- Record it in the accident book and complete an accident form
- Seek medical attention from the Accident and Emergency department

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3. Pupil immunisation

3.1. The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.

3.2. Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

3.3. The school nurses/ health team will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.

3.4. A healthcare team will visit the school in order to carry out vaccinations and will be able to advise pupils if there are any concerns.

3.5. Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.

3.6. Before starting school, pupils should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

3.7. All pupils in Reception to Year 6 will be offered nasal flu vaccinations annually.

3.8. Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the school office, following the school's procedures for sick and unwell pupils.

3.9. Any side effects from the vaccinations, such as becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.

3.10. Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the school's Medical Conditions Policy.

3.11. Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.

3.12. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.

3.13. Needles are kept away from pupils before and after the vaccine is administered.

4. Staff immunisation

4.1. All staff will undergo a full occupational health check prior to employment.

5. Contact with pets and animals

5.1. Animals in schools are strictly controlled.

5.2. Risk assessments are carried out in relation to visits to venues with animals and visits to the school involving animals and the policies and protocols contained therein are strictly adhered to.

6. Water-based activities

Swimming lessons

6.1. General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.

6.2. Pupils who have experienced vomiting or diarrhoea are not permitted to attend public swimming pools.

Other activities

6.3. Alternative water-based activities are only undertaken at reputable centres.

6.4. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

6.5. If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.

In the event of infection

7. Preventing the spread of infection

7.1. Parents will not bring their child to school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed

8. Vulnerable pupils

8.1. Pupils with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their

immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

8.2. The school will be notified if a child is "vulnerable". Parents are responsible for notifying the school if their child is "vulnerable".

8.3. If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

9. Procedures for unwell pupils/staff

9.1. Staff are required to know the warning signs of pupils becoming unwell including, but not limited to, the following:

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin

9.2. Where a staff member identifies a pupil as unwell, the pupil is taken to the school office, where their temperature will be taken and the pupil's parents will be informed of the situation if necessary.

9.3. Where school office staff are unavailable, staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing.
- Provide the pupil with a drink of water.
- Move the pupil to a quieter area of the classroom or school.
- Ensure there is a staff member available to comfort the pupil.
- Summon emergency medical help if required.

9.4. Pupils and staff displaying any of the signs of becoming unwell outlined in 9.1 may be sent home, and we may recommend that they see a doctor.

9.5. If a pupil is identified with sickness and diarrhoea, the pupil's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

9.6. If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

9.7. If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

9.8. If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil.

9.9. Advice should be sent home with the child for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre wash cycle, on the hottest temperature the clothes will tolerate.

10. Exclusion

10.1. Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period.

10.2. Pupils can be formally excluded on medical grounds by the headteacher.

10.3. If parents insist on their child returning to school when the child still poses a risk to others, the LA may serve notice on the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.

10.4. If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

11. Medication

11.1. Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose should be given at home, in case the pupil has an adverse reaction.

11.2. All medicine provided in school will be administered in line with the Medical Conditions Policy.

12. Outbreaks of infectious diseases

12.1. An incident is classed as on 'outbreak' where:

- Two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection is present compared with the usual background rate, e.g.:
  - Two or more pupils in the same classroom are suffering from vomiting and diarrhoea.
  - A greater number of pupils than usual are diagnosed with scarlet fever.
  - There are two or more cases of measles at the school.

12.2. Suspected outbreaks of any of the diseases listed on the List of Notifiable Diseases will always be reported.

12.3. As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the HPT to discuss the situation and agree if any actions are needed.

12.4. The headteacher will provide the following information:

- The number of staff and children affected
- The symptoms present
- The date(s) the symptoms first appeared
- The number of classes affected

12.5. If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.

12.6. The HPT will provide the school with draft letters and factsheets to distribute to parents.

12.7. The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

12.8. If a member of staff suspects the presence of an infectious disease in the school, they will contact the school nurse for further advice.

12.9. If a pupil is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.

12.10. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The School Business Manager will liaise with the cleaning contractor to ensure these take place.

13. Pregnant staff members

13.1. If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.

13.2. **Chickenpox:** If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will to speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.

13.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately.

13.4. **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately.

13.5. **Slapped cheek disease (Parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

14. Staff handling food

14.1. Food handling staff suffering from transmittable diseases will be excluded from all food handling activity. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.

14.2. Food handlers are required by law to inform the school if they are suffering from any of the following:

- Typhoid fever
- Paratyphoid fever
- Other salmonella infections
- Dysentery
- Shigellosis
- Diarrhoea (where the cause of which has not been established)
- Infective jaundice
- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E.coli VTEC infection

14.3. 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

15. Managing specific infectious diseases

15.1. When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the Managing Specific Infectious Diseases appendix.

16. Monitoring and review

16.1. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

16.2. The headteacher will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

16.3. The next scheduled review date is [July 2026].

Appendix 1 - Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	Cases are advised to see their GP for advice and treatment.	Exclusion is not necessary.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash. Cases will be excluded from school for five days from the onset of a rash. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary.
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home.	Cases will be excluded until 48 hours have passed since symptoms were present.

Disease	Symptoms	Considerations	Exclusion period
		The HPT will be contacted where two or more cases with similar symptoms are reported.	
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms or paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
E.coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.

Disease	Symptoms	Considerations	Exclusion period
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Coronavirus	Symptoms include cough, high temperature, shortness of breath and loss of smell and/or taste..	The symptoms are similar to other illnesses that are much more common, such as cold and flu. Up-to-date guidance should be consulted www.nhs.uk/conditions/coronavirus-covid-19/	For the latest guidance on self-isolation see www.nhs.uk/conditions/coronavirus-covid-19/
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever and rash with blisters on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary.
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	Treatment is only necessary when live lice are seen. Staff are not permitted to inspect any pupil's hair for head lice. If a staff member incidentally notices head lice in a pupil's hair, they will inform the pupil's parents and advise them to treat their child's hair. When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
		has been reported and asking all parents to check their children's hair.	
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor. There is no need to exclude older children with good hygiene.
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	The HPT will be contacted where advice is required. The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Acute cases will be too ill to attend school and their doctor will advise when they are fit to return. Chronic cases will not be excluded or have their activities restricted. Staff with chronic hepatitis B infections will not be excluded.
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	Towels, facecloths and eating utensils will not be shared by pupils. Toys and play equipment will be cleaned thoroughly.	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	Those in risk groups will be encouraged to have the influenza vaccine.	Cases will remain home until they have fully recovered.

Disease	Symptoms	Considerations	Exclusion period
		Anyone with flu-like symptoms will stay home until they have recovered. Pupils under 16 will not be given aspirin.	
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All pupils are encouraged to have MMR immunisations in line with the national schedule. Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded for four days after the onset of a rash.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion is required.

Disease	Symptoms	Considerations	Exclusion period
Meticillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling, if they feel able to do so.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all pupils.	Cases will be excluded for six days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.

Disease	Symptoms	Considerations	Exclusion period
	gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.		
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given. Cases will be allowed to return in the above circumstances, even if they are still coughing.

Appendix 2 - Infection Absence Periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by Public Health England.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local Public Health England centre.

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT.
Coronavirus	Up-to-date guidance should be consulted www.nhs.uk/conditions/coronavirus-covid-19/	If there are cases, consult the HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.

Infection	Recommended minimum period to stay away from school	Comments
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always by consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.

Infection	Recommended minimum period to stay away from school	Comments
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.

Infection	Recommended minimum period to stay away from school	Comments
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

Appendix 3: Diarrhoea and Vomiting Outbreak Action Checklist

Date Completed:	
Checklist Completed By (Print Name):	
Name & Tel No of Institution:	
Name of Head Teacher/Manager:	

	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

Appendix 4: List of Notifiable Diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the health protection team (HPT):

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Appendix 5: Local health protection contact information

Get support from your local health protection team (HPT) to prevent and reduce the effect of diseases and chemical and radiation hazards.
HPTs provide support to health professionals, including:

- local disease surveillance
- alert systems
- investigating and managing health protection incidents
- national and local action plans for infectious diseases

If you need to send information that might reveal someone's identity, put it in an encrypted email. Do not put personal information in the subject line.

PHE Surrey and Sussex Health Protection Team (South East),
County Hall, Chart Way,
Horsham,
RH12 1XA

PHE.sshpu@nhs.net Phone: 0344 225 3861 (option 1 to 4 depending on area)

Out of hours for health professionals only: please phone 0844 967 0069

Useful links

Exclusion Table: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/public-health-exclusion-periods-in-children-and-young-peoples-settings

Covid-19 Public Health England Guidance:

https://www.gov.uk/coronavirus/education-and-childcare

Public Health England pet and animal contact:
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-pets-and-animal-contact

Public Health England advice on specific dieses and infections:
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases

NHS Immunisation information:
https://www.nhs.uk/conditions/vaccinations/

Health protection in schools and other childcare facilities information:
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities